Non-Residential Sewer Use Certification Sewage Treatment Capacity Charge



| To be consulated for all up | | | | . : | | For King County Use Only | | |
|--|------------------------------------|-------------------------------|----------------------------------|-------------------------|-------------------------------|--|--|--|
| To be completed for all new sewer connections, reconnections or change of use of existing connections. | | | | | | Account # No. of RCEs | | |
| · · | | | | | | | | |
| Please Print or Type | | | | | | Monthly Rate | | |
| Property Street Address | | | | | | | | |
| City | | | State | | ZIP | | | |
| Owner's Name | | | | | | | | |
| Owner's Mailing Address | | | | | | | | |
| | | | | | | Property Tax ID # | | |
| City | | | State | | ZIP | Subdivision Name Lot # | | |
| | | | | | | Subdiv. # Block # | | |
| Owner's Phone Number including Area Code | | | | | | Building Name (if applicable) | | |
| Property Contact Phone Number including Area Code | | | | | | City or Sewer District | | |
| 1 toporty contact i none number including Area code | | | | | | Date of Connection | | |
| Party to be Billed (if different from owner) | | | | | | Side Sewer Permit # | | |
| Addison | | | | | | | | |
| Address | | | | | | Please report any demolitions of pre-existing structures on this property. | | |
| City State ZIP | | | | | ZIP | Credit for a demolition may be given under some circumstances. (See King County Code 28.84.050, O.5) | | |
| Oity | | | Otato | | 2 | | | |
| | | | | | | Demolition of pre-existing structure? Yes No | | |
| A. Fixture Units | | | | | | Was structure on Sanitary Sewer? | | |
| Fixture Units x Number | of Fix | ctures | = Tota | al Fix | ture Units | Was Sewer connected before 2/1/90? Yes No | | |
| | Fixtur | e Units | No. of Fi | ixtures | Total | Sewer disconnect date | | |
| Kind of Fixture | | Private | Public | | 1 | Type of structure demolished | | |
| Bathtub and Shower | 4 | 4 | | | | Request to apply demolition credit to multiple structures? Yes No | | |
| Shower, per head | 2 | 2 | | | | | | |
| Dishwasher | 2 | 2 | | | | B. Other Wastewater Flow | | |
| Drinking fountain (each head) | 1 | .5 | | | | (in addition to Fixture Units identified in Section A) | | |
| Hose bibb (interior) | 2.5 | 2.5 | | | | Type of Facility/Process: | | |
| Clothes washer or laundry tub | 4 | 2 | | | | Type of Facility/F100ess. | | |
| Sink, bar or lavatory Sink, Clinic flushing | 8 | 8 | | | | | | |
| Sink, kitchen | 3 | 2 | | | | Estimated Wastewater Discharge: | | |
| Sink, other (service) | 3 | 1.5 | | | | | | |
| Sink, wash fountain, circle spray | 4 | 3 | | | | Gallons/days | | |
| Urinal, flush valve, 1 GPF | 5 | 2 | | | | Residential Customer Equivalents (RCE): | | |
| Urinal, flush valve, >1 GPF | 6 | 2 | | | | 187 gallons per day equals 1.0 RCE | | |
| Water closet, tank or valve, 1.6 GPF | 6 | 3 | | | | | | |
| Water closet, tank or valve, >1.6 GPF | 8 | 4 | | | | Total Discharge (gal/day) = RCE | | |
| | | Total I | ixture l | Units | | 187 | | |
| Residential Customer Equivalent (RCE) 20 fixture units equal 1.0 RCE | | | | | | C. Total Residential Customer Equivalents: | | |
| Total Findows Holita | | | | | | (add A & B) | | |
| 1000111000000000000000000000000000000 | RCE | | | | | A + B = Total RCE | | |
| charge. The amount of the charge customer equivalent, for a period All future billings can be prepaid a | e is est of fiftee at a disc | ablishe n years counted | d annua s. The pu d amount | ally by irpose t. | the Metropol of the charge | a new service which uses metropolitan sewage facilities shall be subject to a capacity itan King County Council at a rate per month, per residential customer or residentia is to recover costs of providing sewage treatment capacity for new sewer customers | | |
| Questions regarding the capacity charge or this form should be referred to King County's Wastewater Treatment Division at 206-477-5516. | | | | | | | | |
| I understand that the information given is correct. I understand that the capacity charge levied will be based on this information. I understand that any deviation may result in a revised capacity charge. | | | | | | | | |
| Signature of Owner/Representative Date | | | | | | | | |
| Print Name of Owner/Representative | | | | | | | | |